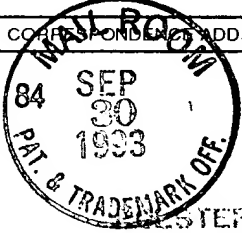


JBS-242

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#8

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1. CORRESPONDENCE ADDRESS



4100
3311/0326
POLSTER, LIEDER, WOODRUFF & LUCCHESI
763 SOUTH NEW BALLAS ROAD, STE. 100
ST. LOUIS, MO 63141
M

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named Applicant

07788519

11/06/91

030

HARRIS, S

3302

08/26/93

TITLE OF INVENTION

BLUNT

GREGORY A.

LASER DELIVERY SYSTEM

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

44000

G06-001.000

P97

UTILITY

YES

\$585.00

11/26/93

3. Further correspondence to be mailed to the following:

Gregory E. Upchurch
Polster, Lieder, Woodruff & Lucchesi
763 S. New Ballas Road
Suite 230
St. Louis, MO 63141

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Polster, Lieder
2 Woodruff & Lucchesi
3 _____

DO NOT USE THIS SPACE

080 KJ 10/04/93 07788519

1 242

585.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Surgical Technologies, Inc.

(2) ADDRESS: (City & State or Country)

St. Louis, Missouri

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

MissouriA. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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☒ Issue Fee ☐ Advanced Order - # of Copies _____

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 16-2201

(Enclose Part C)

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☒ Any Deficiencies in Enclosed Fees

(Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

Gregory E. Upchurch 9/27/93

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Washington, D.C. 20231

on September 27, 1993
(Date)

Gregory E. Upchurch
(Name of person making deposit)

Gregory E. Upchurch
(Signature)

9/27/93
(Date)

93 SEP 30 PM 8:58
PATENT & TRADEMARK OFC
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PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

MAILED ROOM SEP 30 1993 PAT. & TRADEMARK OFF.	1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
	33M1/0826 POLSTER, LIEDER, WOODRUFF & LUCCHESI 763 SOUTH NEW BALLAS ROAD, STE. 160 ST. LOUIS, MO 63141	INVENTOR'S NAME
		Street Address
		City, State and ZIP Code
		CO-INVENTOR'S NAME
		Street Address
City, State and ZIP Code		
<input type="checkbox"/> Check if additional changes are on reverse side		

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
077768-519	11/06/91	030	HARRIS, S	09/26/93
First Named Applicant				
TITLE OF INVENTION				
BLOUNT, GREGORY A. LASER DELIVERY SYSTEM				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
4439U	606-004.000	P97	UTILITY	YES	\$595.00	11/26/93

3. Further correspondence to be mailed to the following: Gregory E. Upchurch Polster, Lieder, Woodruff & Lucchesi 763 S. New Ballas Road Suite 230 St. Louis, MO 63141	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 1 <u>Polster, Lieder</u> 2 <u>Woodruff & Lucchesi</u> 3 _____
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ (Minimum of 10)	
(1) NAME OF ASSIGNEE: <u>Surgical Technologies, Inc.</u>		6b. The following fees should be charged to: <u>16-2201</u> DEPOSIT ACCOUNT NUMBER (Enclose Part C)	
(2) ADDRESS: (City & State or Country) <u>St. Louis, Missouri</u>		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION <u>Missouri</u>		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		(Signature of party in interest of record) <u>Gregory E. Upchurch</u> (Date) <u>9/27/93</u>	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

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Washington, D.C. 20231

on September 27, 1993
(Date)

Gregory E. Upchurch
(Name of person making deposit)

Gregory E. Upchurch
(Signature)

9/27/93
(Date)

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